Complete Summary

GUIDELINE TITLE

Screening for delirium, dementia, and depression in older adults.

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Screening for delirium, dementia and depression in older adults. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Nov. 88 p. [53 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Delirium, dementia, and depression

GUIDELINE CATEGORY

Screening

CLINICAL SPECIALTY

Family Practice
Geriatrics
Internal Medicine
Nursing

INTENDED USERS

Advanced Practice Nurses
Nurses

GUIDELINE OBJECTIVE(S)

To improve the screening assessment of older adult clients for delirium, dementia, and depression

TARGET POPULATION

Older adults

INTERVENTIONS AND PRACTICES CONSIDERED

1. Screen for changes in cognition, function, behavior, and/or mood
2. Assess differences between delirium, dementia, and depression
3. Assess cognitive changes using Mini-Mental Status Exam, Clock Drawing Test, Neecham Confusion Scale, Confusion Assessment Method Instrument (CAM), Establishing a Diagnosis of Depression in the Elderly, Cornell Scale for Depression, Geriatric Depression Scale, or Suicide Risk in the Older Adult
4. Referral, as necessary

MAJOR OUTCOMES CONSIDERED

- Quality of life
- Morbidity and mortality

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

An initial database search for existing guidelines was conducted in early 2001 by a company that specializes in searches of the literature for health related organizations, researchers, and consultants. A subsequent search of the MEDLINE, CINAHL, and Embase databases, for articles published from January 1, 1995 to February 28, 2001, was conducted using the following search terms and keywords: "psychogeriatric assessment," "geriatric assessment," "geriatric mental health," "assessment," "mental health assessment," "depression," "delirium," "dementia(s)," "practice guidelines," "practice guideline," "clinical practice guideline," "clinical practice guidelines," "standards," "consensus statement(s)," "consensus," "evidence based guidelines," and "best practice guidelines" to a limit of age 65+. In addition, a search of the Cochrane Library database for systematic reviews was conducted using the above search terms.

A metacrawler search engine (www.metacrawler.com), plus other available information provided by the project team, was used to create a list of 42 Web sites known for publishing or storing clinical practice guidelines.

One individual searched each of these sites. The presence or absence of guidelines was noted for each site searched—at times it was indicated that the website did not house a guideline, but redirected to another Web site or source for guideline retrieval. A full version of the document was retrieved for all guidelines.

Panel members were asked to review personal archives to identify guidelines not previously found through the above search strategy. In a rare instance, a guideline was identified by panel members and not found through the database or Internet search. These were guidelines that were developed by local groups and had not been published to date.

The search method described above revealed twenty guidelines, several systematic reviews, and numerous articles related to geriatric mental health assessment and management. The final step in determining whether the clinical practice guideline would be critically appraised was to apply the following criteria:

- Guideline was in English, international in scope
- Guideline was dated no earlier than 1996
- Guideline was strictly about the topic areas (delirium, dementia, depression)
- Guideline was evidence-based (e.g., contained references, description of evidence, sources of evidence)
- Guideline was available and accessible for retrieval.

Ten guidelines were deemed suitable for critical review using the Cluzeau et al. Appraisal Instrument for Clinical Guidelines.

NUMBER OF SOURCE DOCUMENTS

Following the appraisal process, the guideline development panel identified seven guidelines and related updates to develop the recommendations cited in the guideline.

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Strength of Evidence A: Requires at least two randomized controlled trials as part of the body of literature of overall quality and consistency addressing the specific recommendations.

Strength of Evidence B: Requires availability of well conducted clinical studies, but no randomized controlled trials on the topic of recommendations.

Strength of Evidence C: Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

In February of 2001, a panel of nurses and researchers with expertise in practice, education, and research related to gerontology and geriatric mental healthcare was convened under the auspices of the Registered Nurses Association of Ontario (RNAO). At the onset the panel discussed and came to a consensus on the scope of the best practice guideline.

A critique of systematic review articles and pertinent literature was conducted to update the existing guidelines. Through a process of evidence gathering, synthesis, and consensus, a draft set of recommendations was established.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Clinical Validation-Pilot Testing
External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This draft document was submitted to a set of external stakeholders for review and feedback. Stakeholders represented various healthcare professional groups, clients and families, as well as professional associations. External stakeholders

were provided with specific questions for comment, as well as the opportunity to give overall feedback and general impressions. The results were compiled and reviewed by the development panel; discussion and consensus resulted in revisions to the draft document prior to pilot testing.

A pilot implementation practice setting was identified through a "Request for Proposal" (RFP) process. Practice settings in Ontario were asked to submit a proposal if they were interested in pilot testing the recommendations of the guideline. These proposals were then subjected to a review process, from which a successful practice setting was identified. A nine-month pilot implementation was undertaken to test and evaluate the recommendations in three hospitals in Toronto, Ontario. The development panel reconvened after the pilot implementation in order to review the experiences of the pilot sites, consider the evaluation results, and review any new literature published since the initial development phase. All these sources of information were used to update/revise the document prior to publication.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The levels of evidence supporting the recommendations (A-C) are defined at the end of the "Major Recommendations" field.

Practice Recommendations

Recommendation 1

Nurses should maintain a high index of suspicion for delirium, dementia, and depression in the older adult. (Strength of Evidence B)

Recommendation 2

Nurses should screen clients for changes in cognition, function, behaviour, and/or mood, based on their ongoing observations of the client and/or concerns expressed by the client, family, and/or interdisciplinary team, including other specialty physicians. (Strength of Evidence C)

Recommendation 3

Nurses must recognize that delirium, dementia, and depression present with overlapping clinical features and may coexist in the older adult. (Strength of Evidence B)

Recommendation 4

Nurses should be aware of the differences in the clinical features of delirium, dementia, and depression and use a structured assessment method to facilitate this process. (Strength of Evidence C)

Recommendation 5

Nurses should objectively assess for cognitive changes by using one or more standardized tools in order to substantiate clinical observations. (Strength of Evidence A)

Recommendation 6

Factors such as sensory impairment and physical disability should be assessed and considered in the selection of mental status tests. (Strength of Evidence B)

Recommendation 7

When the nurse determines the client is exhibiting features of delirium, dementia, and/or depression, a referral for a medical diagnosis should be made to specialized geriatric services, specialized geriatric psychiatry services, neurologists, and/or members of the multidisciplinary team, as indicated by screening findings. (Strength of Evidence C)

Recommendation 8

Nurses should screen for suicidal ideation and intent when a high index of suspicion for depression is present and seek an urgent medical referral. Further, should the nurse have a high index of suspicion for delirium, an urgent medical referral is recommended. (Strength of Evidence C)

Education Recommendations

Recommendation 9

All entry-level nursing programs should include specialized content about the older adult, such as normal aging, screening assessment, and caregiving strategies for delirium, dementia, and depression. Nursing students should be provided with opportunities to care for older adults. (Strength of Evidence C)

Recommendation 10

Organizations should consider screening assessments of the older adult´s mental health status as integral to nursing practice. Integration of a variety of professional development opportunities to support nurses in effectively developing skills in assessing the individual for delirium, dementia, and depression is recommended. These opportunities will vary depending on model of care and practice setting. (Strength of Evidence C)

Organization and Policy Recommendations

Recommendation 11 (Strength of Evidence C)

Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative

support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:

- An assessment of organizational readiness and barriers to education
- Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process
- Dedication of a qualified individual to provide the support needed for the education and implementation process
- Ongoing opportunities for discussion and education to reinforce the importance of best practices
- Opportunities for reflection on personal and organizational experience in implementing guidelines

Refer to the "Description of the Implementation Strategy" field for more information.

Definitions:

Strength of Evidence A: Requires at least two randomized controlled trials as part of the body of literature of overall quality and consistency addressing the specific recommendations.

Strength of Evidence B: Requires availability of well conducted clinical studies, but no randomized controlled trials on the topic of recommendations.

Strength of Evidence C: Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

CLINICAL ALGORITHM(S)

An algorithm is provided in the original guideline document for the screening assessment for delirium, dementia, and depression.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is provided for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Enabling the nurse to recognize and provide timely screening for delirium, dementia, and depression may result in improved outcomes for the client.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- Guidelines should not be applied in a "cookbook" fashion but used as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.
- These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses, and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability nor discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor Registered Nurses Association of Ontario (RNAO) give any guarantee as to the accuracy of the information contained in them, nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omissions in the contents of this work. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Best practice guidelines can only be successfully implemented if there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. In this light, the Registered Nurses Association of Ontario (RNAO), through a panel of nurses, researchers, and administrators, has developed a Toolkit: Implementation of Clinical Practice Guidelines based on available evidence, theoretical perspectives, and consensus. The Toolkit is recommended for guiding the implementation of any clinical practice guideline in a healthcare organization.

The "Toolkit" provides step-by-step directions to individuals and groups involved in planning, coordinating, and facilitating guideline implementation. Specifically, the Toolkit addresses the following key steps in implementing a guideline:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment, and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing an evaluation
6. Identifying and securing required resources for implementation and evaluation

Implementing practice guidelines that result in successful practice changes and positive clinical impact is a complex undertaking. The Toolkit is one key resource for managing this process.

IMPLEMENTATION TOOLS

Clinical Algorithm
Patient Resources
Tool Kits

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Screening for delirium, dementia and depression in older adults. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Nov. 88 p. [53 references]

ADAPTATION

Following the appraisal process, the guideline development panel identified the following seven guidelines, and related updates, to develop the recommendations cited in this guideline:

- American College of Emergency Physicians (1999). Clinical policy for the initial approach to patients presenting with altered mental status. Annals of Emergency Medicine, 33(2):251-280.
- American Psychiatric Association (1997). Practice guidelines for the treatment of patients with Alzheimer´s disease and other dementias of late life. American Journal of Psychiatry, 154(5):1-39.
- American Psychiatric Association (1999). Practice guideline for the treatment of patients with delirium. American Journal of Psychiatry, 156(5):1-20.
- Costa, P.T. Jr., Williams, T.F., Somerfield, M., et al. (1996). Recognition and initial assessment of Alzheimer´s disease and related dementias. Clinical practice guideline No. 19. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Agency for Healthcare Policy and Research.
- New Zealand Guidelines Group (1996). Guidelines for the treatment and management of depression by primary healthcare professionals. Ministry of

Health Guidelines, New Zealand [On-line]. Electronic copies: Available from: www.nzgg.org.nz
- Rapp, C. G. & The Iowa Veterans Affairs Nursing Research Consortium (1998). Research based protocol: Acute confusion/delirium. Iowa City: The University of Iowa Gerontological Nursing Interventions Research Center, Research Development and Dissemination Core.
- Scottish Intercollegiate Guidelines Network (1998). Interventions in the management of behavioural and psychological aspects of dementia. Scottish Intercollegiate Guidelines Network [On-line]. Electronic copies: Available from: www.sign.ac.uk

DATE RELEASED

2003 Nov

GUIDELINE DEVELOPER(S)

Registered Nurses Association of Ontario - Professional Association

SOURCE(S) OF FUNDING

Funding was provided by the Ontario Ministry of Health and Long Term Care.

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Guideline Development Panel Members:

Nancy Bol, RN, BScN, MScN
Team Leader
Clinical Nurse Specialist
Geriatric Psychiatry
Regional Mental Healthcare London
St. Joseph´s Healthcare London
London, Ontario

Madeline Edwards, RN, BA(Sociology),
Certificate in Dispute Resolution
Canada Pension Plan Disability Tribunal
Toronto, Ontario

Marielle Heuvelmans, RN, HBScN, GNC(C)
Client Services Leader
Community Care Access Centre for Eastern Counties
Cornwall, Ontario

Nadine Janes, RN, BScN, MSc, ACNP, GNC(C)
Doctoral Student

Faculty of Nursing
University of Toronto
Toronto, Ontario

Linda Kessler, RN, BScN, MHSc
Administrative Director
Geriatric Psychiatry Service
PCCC-Mental Health Services
Kingston, Ontario

Elizabeth Phoenix, RN, MScN, CPMHN(C)
Nurse Practitioner/Clinical Nurse Specialist
Child and Adolescent Centre
Mental Healthcare Program
London, Ontario

Tiziana Rivera, RN, BScN, MSc, ACNP, GNC(C)
Clinical Nurse Specialist/Nurse Practitioner
Baycrest Centre for Geriatric Care
Toronto, Ontario

Dianne Rossy, RN, BN, MScN, GNC(C)
Advanced Practice Nurse, Geriatrics
The Ottawa Hospital & The Regional
Geriatric Assessment Program
Ottawa, Ontario

Josephine Santos, RN, MN
Facilitator, Project Coordinator
Nursing Best Practice Guidelines Project
Registered Nurses Association of Ontario
Toronto, Ontario

Kathleen Sayle, RPN
Registered Practical Nurses Association of Ontario
Supervisor, Occupational Health and Safety Programs
Centre for Addiction and Mental Health
Toronto, Ontario

Agnes Scott, RN, CPMHN(C), BSN, MA
Community Nurse Clinician
Whitby Mental Health Centre
Seniors Mental Health Program
Whitby, Ontario

Selinah Sogbein, RN, BScN, BA, MHA, MEd, CHE, CPMNH(C)
Assistant Administrator/Chief Nursing Officer
North Bay Psychiatric Hospital
North Bay, Ontario

Anne Stephens, RN, BScN, MEd, GNC(C)
Coordinator, Geriatric Outreach Services
North York General Hospital
Toronto, Ontario

Ann Tassonyi, RN, BScN
Psychogeriatric Resource Consultant
Alzheimer Society and Niagara Geriatric
Mental Health Outreach
St. Catharines, Ontario

Catherine Wallis-Smith, RN, CPMNH(C)
Supervisor of Nursing and Home Support
Paramed Home Healthcare
Instructor – Palliative Care, Georgian College
Barrie, Ontario

Kevin Woo, RN, BScN, MSc, PhD(cand), ACNP, GNC(C)
Nurse Practitioner/Clinical Nurse Specialist
Mount Sinai Hospital
Toronto, Ontario

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 111 Richmond Street West, Suite 1100, Toronto, Ontario M5H 2G4.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Mar. 88 p.

Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 111 Richmond Street West, Suite 1100, Toronto, Ontario M5H 2G4.

PATIENT RESOURCES

The following is available:

- Health education fact sheet. Recognizing delirium, dementia, and depression. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2004 Mar. 2 p.

Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 111 Richmond Street West, Suite 1100, Toronto, Ontario M5H 2G4.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This NGC summary was completed by ECRI on September 20, 2004. The information was verified by the guideline developer on October 14, 2004.

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